

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34747

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465		Registrar's No. 960	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Campbell Twp 1 year				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0301			
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital				d. STREET ADDRESS (If rural, give location) 1017 W. Chase Street			
3. NAME OF DECEASED (Type or Print) MANGNUS		a. (First)		b. (Middle) (NMI)		c. (Last) POULSON	
4. DATE OF DEATH		(Month) (Day) (Year)		Oct. 25, 1952			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2 Feb. 1866	
9. AGE (In years last birthday) 86		10. MONTHS 1 YEAR 1 DAY 1 HOUR 1 MIN.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miller		10b. KIND OF BUSINESS OR INDUSTRY Flour Mill		11. BIRTHPLACE (City and State or Foreign Country) Stockholm, Sweden 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hannah M. Hollis, 1017 W. Chase Street, Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized Arthritis, Hip & Knees.				INTERVAL BETWEEN ONSET AND DEATH Immediate Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1950, to Oct 25, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE James R. Arnold, Jr. (Degree or title)				23b. ADDRESS Greene County Court House, Springfield, Missouri		23c. DATE SIGNED 10/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 26 Oct. 1952		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 10-27-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thiem		ADDRESS Springfield, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.